



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

October 2, 2014

Dear Colleague,

Antenatal and postnatal maternal substance use, including heroin and the misuse of prescription opioid medication, has been steadily increasing in recent years and is now a critical public health problem.

In Maryland, our surveillance of 2013 pregnancy-associated deaths revealed that one out of every three deaths was related to substance use—more than any other listed cause of death.

Substance use related deaths that occurred during pregnancy or the first postpartum year have more than tripled during 2009-2013 when compared to the previous five years.

These deaths are sentinel markers for the large numbers of women experiencing substance use disorders during and after pregnancy.

We are writing to ask you to help us combat this problem by taking the following key steps:

1. Refer patients to substance use treatment
2. Sign up for and use the Prescription Drug Monitoring Program
3. Use clinical tools to help identify and address addiction

Refer to Treatment

Pregnancy is an ideal time to counsel and refer women for treatment as they feel motivated to achieve healthier outcomes. We strongly encourage providers to routinely ask all women about their use of alcohol, illicit drugs, prescription opioids and other medications used for nonmedical reasons each trimester and postpartum.

Substance use treatment providers in Maryland that accept Medical Assistance are mandated to provide a service to pregnant women within 24 hours of initial contact. Providers and patients can also call 2-1-1 in Maryland to get information about available treatment options in their area.

Substance use treatment -- particularly for addiction to opioids -- is effective and can save your patients' lives.

Sign up for and Use the Prescription Drug Monitoring Program

A great resource for access to prescription data and safer management your patients' use of controlled substances is the Maryland Prescription Drug Monitoring Program, otherwise known as the PDMP.

This free service can inform you whether your patients are receiving medications from other sources.

We strongly recommend that all clinicians prescribing opioid medications regularly query the PDMP. Please visit the following website for more information and to register:

<http://adaa.dhmh.maryland.gov/PDMP/SitePages/Home.aspx>

Use Clinical Tools to Help Identify and Address Addiction

Clinical tools are also now available to improve a provider's ability to more safely prescribe controlled dangerous substances, screen for substance use disorders, refer to appropriate services, and reduce their patients' overdose risk. These tools, summarized in the attached document, "How Can I Help My Pregnant Patient with a Substance Use Disorder?" include:

- Screening, Brief Intervention and Referral to Treatment (SBIRT) tool;
- PDMP and the Chesapeake Regional Information System for our Patients (CRISP) – the state's designated health information exchange;
- Finding a substance use disorder treatment program for pregnant women;
- Use of naloxone; and
- Continuing Medical Education opportunities.

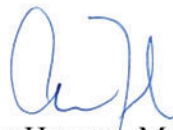
If you have not already done so, I encourage you to incorporate these effective tools into your practice.

Thank you for your attention to opioid addiction and treatment. Together, we can make progress and save lives.

Sincerely,



Joshua M. Sharfstein, M.D.
Secretary



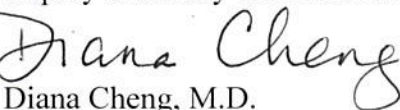
Laura Herrera, M.D, M.P.H.
Deputy Secretary for Public Health Services



Gayle Jordan-Randolph, M.D.
Deputy Secretary for Behavioral Health



Mona K. Gahunia, D.O.
Chief Medical Officer



Diana Cheng, M.D.
Director, Women's Health

How Can I Help My Pregnant Patient With a Substance Use Disorder?

1. Is there anything I can do in my office if my patient discloses substance use?

If the screen is positive, complete a more detailed assessment for the amount, frequency, duration, and type of drug(s) used. Use of more than one drug is common. Show your concern and provide information about the impact of the drug(s) on the pregnancy.

SBIRT (Screening, Brief Intervention, and Referral to Treatment) is an evidenced-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and drugs. SBIRT can be easily used in perinatal settings and enables providers to systematically screen and assist people who may not be seeking help for a substance use problem, but whose drinking or drug use may cause or complicate their ability to successfully handle health, work or family issues. **The provision of SBIRT is a billable service under Medicaid.** For more information, visit the Substance Abuse and Mental Health Services Administration's website: <http://beta.samhsa.gov/sbirt>.

2. How can I more safely prescribe controlled substances for legitimate reasons or identify patients who are using drugs?

New programs administered by the Maryland Department of Health and Mental Hygiene (DHMH) may be useful and include the **Prescription Drug Monitoring Program (PDMP) & the Chesapeake Regional Information System for our Patients (CRISP)**. The PDMP gives healthcare providers online access to their patients' complete Maryland controlled substance prescription profile *at no cost*. For more information about the PDMP, visit: <http://adaa.dhmh.maryland.gov/PDMP/>.

CRISP is an electronic health information network connecting all acute care hospitals in Maryland and other healthcare facilities. Providers that register with CRISP get access to a powerful "virtual health record" that includes patient hospital admission, discharge and transfer records, laboratory and radiology reports and clinical documents, as well as PDMP data. For more information about CRISP and to register, visit: www.crisphealth.org.

3. Where can I find a substance use disorder treatment program for a pregnant patient?

Patient eligibility for treatment programs is based upon health insurance coverage.

- **Private insurance** – contact the insurance company for covered providers.
- **Medical Assistance** - Contact the MA or the managed care organization for in-network providers. Any treatment provider in Maryland that accepts state funds (Medical Assistance or grant funds) is ***mandated to provide a service to see a pregnant woman within 24 hours of initial contact***. They will evaluate the patient and refer to the appropriate level of care.
- **Uninsured** - Treatment is usually available on a sliding fee scale to anyone without health insurance. Contact the local substance abuse treatment coordinator.

Each of Maryland's twenty-four jurisdictions has an identified **substance abuse county coordinator**. They can help identify treatment needs and services, and coordinate the delivery of publicly funded treatment in each jurisdiction. Resources by jurisdiction are found at: http://adaa.dhmh.maryland.gov/Documents/content_documents/StatewideServices/TreatmentCoordinators.pdf

4. How can I obtain records from the substance use disorder treatment center?

The patient needs to sign a special form for release of confidential information usually available at the treatment center. General medical consent forms are NOT sufficient for release of substance use treatment records.

5. What is Naloxone and can it be used during pregnancy?

Naloxone (brand name Narcan[®]) is an opioid antagonist medication used to quickly and safely reverse opioid overdose. Practitioners may also prescribe naloxone for those at increased risk of opioid overdose due to receiving high-dose opioid therapy or having co-occurring mental or other health concerns. Naloxone is not a controlled substance, has no abuse potential and carries minimal risk of adverse reactions in the general population. Research is still inconclusive about its safety during pregnancy **but in emergency overdose situations, its use may be life-saving for mother and fetus.** Under the Overdose Response Program, local health departments and other organizations train patients and their loved ones, outreach workers, law enforcement and others on how to recognize opioid overdose and respond by administering naloxone. For more information, visit <http://adaa.dhmh.maryland.gov/NALOXONE/>.

6. What other conditions are commonly seen with substance use during pregnancy?

Conditions associated with substance use disorders include depression, PTSD, intimate partner violence, sexual abuse/assault, sexually transmitted infections, HIV, hepatitis B and C, and abnormal cervical cancer screens. Medical disorders such as diabetes, hypertension, seizures, asthma, heart disease, and endocarditis often are undertreated with the patient presenting in poor control.

7. How can we help prevent substance exposed pregnancies?

SBIRT should ideally be used for non-pregnant women during primary care, family planning and other clinical settings so that appropriate multidisciplinary care or treatment can be coordinated prior to pregnancy. Counseling women about a reproductive life plan and facilitation of access to contraception, especially **LARC** (Long Acting Reversible Contraception, such as the IUD and implant), help women make informed choices to avoid unplanned or unwanted pregnancies.

8. Any continuing medical education (CME) programs about substance use disorder?

CME programs are offered on topics such as safe and effective opioid prescribing, treating patients with co-occurring pain and behavioral health disorders, and related issues. The Maryland Chapter of the American Society of Addiction Medicine and MedChi are among a group of professional organizations offering free CME programs as a component of the Food and Drug Administration's Risk Evaluation and Mitigation Strategies for extended release/long acting opioids. For more information, visit: FDA Risk Evaluation and Mitigation Strategies: <http://www.fda.gov/drugs/drugsafety/informationbydrugclass/ucm163647.htm> or the American Society of Addiction Medicine: <http://www.asam.org/education/rem-s-courses>